223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS THOROUGHLY

ONIVII EL OCELECTION, MEND INI	STROOTIONS THORIOGAILT					
DATE COLLECTED TIME COLLECT	ED COUNTY NAME					
MONTH DAY YEAR	Classon					
TYPE OF SYSTEM IF PUBLIC SYSTEM,	TOTAL STATE					
PUBLIC IF FUBLIC STSTEM,	COMPLETE.					
INDIVIDUAL I.D. NO. TA	3826 CIRCLE GROUF					
(serves only 1 residence)	NTNC					
NAME OF SYSTEM	A Paris I consider a					
1 Cedars Co	DIM					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO.					
JA-06	DAY()6814659					
women's restrou	EVENING ()5829049					
SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR: (Name)					
R Sother	B Sether					
SOURCE TYPE GROUND WATER UNDE	ER SURFACE INFLUENCE					
	INTERTIE or OTHER					
SEND REPORT TO: (Print full Name, Address	and Zip					
1033 012 F	N. A. AL DA I					
Seame	WASHINGTON 98380					
TYPE OF SAMPLE	Anathra estadion (030)					
(check only one in this column)	are recover to the concentration					
ROUTINE	hlorinated (Residual:TotalFree) iltered intreated or Other					
□ REPEAT SAMPLE Lab Previous coliform presence Date	# <u>Orallandan</u>					
□ RAW SOURCE WATER Source # S □ Total Coliform □ NEW CONSTRUCTION or REPAIRS □ Fecal Coliform □ OTHER (Specify)						
REMARKS:						
FBILL JAMESTOWN	ULIBE					
(LAB USE ONLY) DRINKIN	G WATER RESULTS					
UNSATISFACTORY, coliforms present	Coli absent					
REPEAT E. Coli present E. SAMPLES	Coli absent Coliforms absent					
REQUIRED Fecal present Fe	ecal absent					
dans designation and OTHER LABORATO	RY RESULTS					
TOTAL COLIFORM 100 m	E. COLIVE A TOO MIL.					
FECAL COLIFORM	PLATE COUNT/ml					
ANOTHER SAMPLI	REQUIRED					
	TEST UNSUITABLE BECAUSE:					
□ Sample too old	Confluent growth					
☐ Wrong container ☐ OFFICE 0	FINANTO					
☐ Incomplete form	☐ Turbid culture					
	☐ Excess debris					
SEE REVERSE SIDE OF GREEN COPY	CMI COLUMN TO THE REAL PROPERTY OF THE PARTY					
	E RECEIVED					
092-05194 1218	106 10:50 7200					
DATE REPORTED LABORATORY:	Gradia Action as a large program.					



223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334 108

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

COUNTY NAME

TIME COLLECTED

DATE COLLECTED

MONTH DAY YEA		06	0.	11.
12/4/0	(□ PM		ALLAM
TYPE OF SYSTEM PUBLIC	IF PUBLIC SYS	STEM, COM	IPLETE:	
INDIVIDUAL (serves only 1 residence)	I.D. NO.]	H 3	8 2	CIRCLE GROU
NAME OF SYSTEM	re Granias p			
7 CED	ARS CI	Asino	3 7930	
SPECIFIC LOCATION WHEN		1, 21	EPHONE	NO.
CA-05			()	681-4659
wage was at	Dur	14	2002	
Costrol	ar Di			1582-9049
SAMPLE COLLECTED				NER/MGR: (Name)
BEWER SOURCE TYPE GR				SSE
SURFACE WELL				
	FIELD		FERTIE	
SEND REPORT TO: (P	rint full Name, A	ddress and	Zip	#OTO ARRITARVI
1033	OLD	BLY H	lwy	estas tabbiet, e
SEQU		0	WASH	INGTON 98382
TYPE OF SAMPLE	87 . 8 7 . 5 7.	3 3 7 3 3 7	'a sar	
(check only one in th		3 57 610 5	E CHARLES	District Comments
ROUTINE		Chlorii K Filtere		sidual:TotalFree)
DRINKING WATER check treatment	₹ 		ited or Oth	er
REPEAT SAMPLE		Lab #	i e e i	
Previous coliform p	resence	Date		
☐ RAW SOURCE WA☐ NEW CONSTRUCT☐ OTHER (Specify)		Source #	S	☐ Total Coliform☐ Fecal Coliform☐
REMARKS:				
BILL	TO JAY	MESTO	on T	RIBE
(LAB	USE ONLY) DR	INKING WA	ATER RES	ULTS
UNSATISFACTORY	, coliforms prese	ent	7	SATISFACTORY
REPEAT □ E. SAMPLES	Coli present	□ E. Coli	absent	/ Coliforms absent
	ecal present	☐ Fecal a	bsent	
is armond amen; " that assist when say	OTHER LABO	PATORY	ECILI TO	
TOTAL COLIFORM	Francisco Ass		-A.v1-	400 1
FECAL COLIFORM	/100 ml		. COLI LATE COI	
	ANOTHERS	-	QUIRED	
SAMPLE NOT TESTE	NE G	E 1 1	1 5	DIE DECALIOE.
☐ Sample too old	JOHOAUSE.	IES1	onfluent gr	BLE BECAUSE:
☐ Wrong container	nec.	1 2 29		S. S
□ Incomplete form	est ed di sk		urbid cultur	re
	-		xcess debi	
SEE REVERSE SID	U.S. E	CE OF WATE	R	FION OF RESULTS
LAB NO. (7 DIGITS)	THE PROPERTY OF	E, TIME RE	CONTRACTOR OF THE PARTY OF THE	OF NESULIS
	DATE:	WOITE		IAHOTTIGGA HOF
092-05078	12-	4061	1:55	am Inma
DATE REPORTED	LABORAT	ORY:		
WHITE DD Contain Co	BUTT	avata m. O	ODEEN	Matan Owner!
WHITE - DP Center Co	py BLUE - Labo	oratory Copy	ukeen -	Water Supplier Copy

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTE	D TII	TIME COLLECTED			COUNTY NAME			
	AR _	7:37		CLALLAM				
12 / 4 / 6 TYPE OF SYSTEM		AM AM	PI				L 9	171
PUBLIC	IF PUBL	16 515	T EIVI,	COM	TELE	Ξ:		1
INDIVIDUAL	I.D. NO	T	H	3	2	2	6	CIRCLE GROUP
(serves only 1 residence)	1 35016	1	111		0	~	Cisi.	NTNC
NAME OF SYSTEM								
7 CEDA	RG	CAS		9				
SPECIFIC LOCATION WHE					ЕРНО			. 447, 2
CA-01				DAY	(6	181	-4659
RA	w w	TER		- 100				82-9049
SAMPLE COLLECTED	BY: (Nar	me)	294					GR: (Name)
BECKER				*	2	nes		TO A TRIVE
SOURCE TYPE G	ROUND \	NATER	UNDE	R SU				NCE
SURFACE XWELL	L or	SPRIN	G [PUF	RCHA	SED	or 🗆	COMBINATION
WEL	LFIELD			INT	ERTIE			or OTHER
SEND REPORT TO: (F	rint full N KiE	ame, Ac	adress R N	and Z	∠ip			
1633		21	IIn	14	luzu	POT 2		anger & transport
		(7"	//	7	CHIN	ICTO	N 98382
TYPE OF SAMPLE	4	a to the s	Sale	Cit	VVA	ASHIN	GIO	N 1838C
(check only one in the	his colum	nn)						ild milannes
their things to be			_ C	hlorin	ated (Resid	ual:	_TotalFree)
ROUTINE	Cossist 7	not sa		iltered		40		e de inagelo
DRINKING WATE check treatment	i ag	viicen:	U	ntreat	ed or	Other	-	
☐ REPEAT SAMPLE Previous coliform p			Lab		- 1 1/L	0		
Frevious comorni p	resence		Date			(= 3		
RAW SOURCE W	ATER		Sour	ce#	S	0		☐ Total Coliform
NEW CONSTRUC	TION or F	REPAIR	S					Fecal Coliform
OTHER (Specify)_		-				5.		
REMARKS: BILL	To -	TAM	EST	2622	2	-Ri	BE	(L) 8
		THE RESERVE AND ADDRESS OF THE PARTY OF THE						100
	USE ON			G WA	TER F	UT TO	20 to	JANO
UNSATISFACTOR				0 - 11				TISFACTORY forms absent
REPEAT □ E SAMPLES	. Coli pres	sent	LLE.	Coli a	bsent	31	Coll	ionns absent
REQUIRED - F	ecal prese	ent	□Fe	cal ab	sent	1		in the land
al de seguiron en en en	OTHER	LABOR	RATO	BY BE	SUL	rs	A4 -	(
TOTAL COLIFORM	/100	54.50.00	en d		COLI		/100	ml
FECAL COLIFORM	The same of the sa				ATE (Notes	Treat 1	1000 27 - 100
	ANOT	HER SA	MPLE	10,73		-		
6 MB - MB - MB) E	PE	: 1	M	B		acr.	
SAMPLE NOT TESTE	BEGAL	JSE: L	2 []	or other particular pa	-	11 111		ECAUSE:
☐ Sample too old				□ Co	nfluer	it grov	vth	J. MANASTO
☐ Wrong container	u Di	EC I	22	nn TN	ITC	1		The second
☐ Incomplete form	1 20	7	- Ban	∐Tu	rbid cı	ulture		Carte Constant
		O FDA	DEGLO	□ Ex	cess	lebris		
SEE REVERSE SIC	E OF GR	REENTO	DIPW#	OR E	XPLA	NATIO	ON O	FRESULTS
LAB NO. (7 DIGITS)		_	E, TIM	The same of the last of	The second second		T	14417414.11
000								mata aos
092-05077		12-1	4-01	e 1	1.5	5 A	m	ums
DATE REPORTED		BORATO	DRY:	in	104	40	d	and sugar
12-5-06	2 6	mp		pre	0	ne	9	2220
WHITE - DP Center Co	DOV BILL	IE - Lahoi	ratory	Copy	GRE	FN - M	later S	upplier Conv

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

108

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION;	READ INSTRUCTIONS THOROUGHLY
DATE COLLECTED TIME	COLLECTED COUNTY NAME
MONTH DAY YEAR	CIALIAM
11129106	AM DPM CIVTIVIVI
	SYSTEM, COMPLETE:
PUBLIC I.D. NO.	T 11 Z O Z / CIRCLE GROUP
(serves only 1 residence)	1 H 3 8 Z 6 A B
NAME OF SYSTEM	2 decreo - comprise do respectado en entra con esta de constante de co
CA. MA CAAA O	CARINO
Seven CYVITTE	3 -1,0,0
SPECIFIC LOCATION WHERE SAMPLE (1
Kitchen M	A(N) DAY 069 681-6139
	EVENING ()
SAMPLE/COLLECTED BY: (Name) SYSTEM OWNER/MGR: (Name)
KON SATHE	R Kon Sather 4 JKT
SOURCE TYPE GROUND WA	TER UNDER SURFACE INFLUENCE
SURFACE WELL or SI	
WELL FIELD SEND REPORT)TO: (Print full Nam	INTERTIE or OTHER
KON SATH	C SINDESS VOOTAAROTARIO
270756 7	tay 101
50000	WASHINGTON 98362
TYPE OF SAMPLE	15 All and the state of the sta
(check only one in this column)	Valida de la companion de la c
Y ROUTINE	☐ Chlorinated (Residual:TotalFree)
DRINKING WATER	☐ Filtered ☐ Untreated or Other
check treatment	with the state of
REPEAT SAMPLE	Lab #
Previous coliform presence	Date
☐ RAW SOURCE WATER	Source # S
☐ NEW CONSTRUCTION or REI	PAIRS
OTHER (Specify)	36/1/2
REMARKS:	
Consideration for the contract of the contract	
) DRINKING WATER RESULTS
UNSATISFACTORY, coliforms p	0-11/
SAMPLES	Ban La Composition (Sar
REQUIRED Fecal present	☐ Fecal absent
OTHER LA	ABORATORY RESULTS
TOTAL COLIFORM/100 ml	E. COLI/100 ml
FECAL COLIFORM/100 ml	with the the second the second the second second second second second second
MINOTHE	RSAMPLE REQUIRED
SAMPLE NOT TESTED BECAUSE	
□ Sample too old	
□ Wrong container	- 5 2006 Confluent growth
☐ Incomplete form	☐ Turbid culture
U.S. E	PA REGION 10 Excess debris
UFFI	CE UP WATER
	EN COPY FOR EXPLANATION OF RESULTS
LAD 140. (7 DIGITS)	DATE, TIME RECEIVED
092-050510	1-24-01. 2'-20 am 12-20
	RATORY:
11/30/06 Ly	



108

		50) 779-514		*	
COLIFO	RM BACTE				
Date Sample Collected	Time San	ple		ounty	
11 ZI Ob	Collecte	ed AM	Clal	1 -	
Month Day Year	8 30	PM	Cla	L(91~	
Type of Water System (check or	nly one box)	-			
Group A Public	LJP	rivate House	hold		
Croup B Public		ther_N	TNC		
Group A and Group B Systems	- Provide from V	ater Fac iliti	es Inventory (\	NFI):	
D# 1 H 3	8 0	16	_		
	a Das	CA	ma		
System Name:	Par	SATT	ier		
Contact Person: Day Phone: (350) 681	11659	Cell Phone:	()		
Eve. Phone: () 537	9349	FAX: ()		
Send results to: (Print full name, ac					
Send results to. (Fill tall hallo, se	- coll	110	- 1		
1033	0/2 3	Jyn-	Huns		
Some	in W	A c	1838-	-	
300	SAMPLE INF	ORMATIC	NC		
a la atad by (nama):	071111 == 1111	۴. ۸			
Sample collected by (name):	K S	ath			
Specific location where samp	ole collected (add	ress or samp	ole site, and typ	be of faucet):	
CA-03 Mai	V W LOI	& 3×	O'CO!	1/200	
Special instructions or comm		W	orthe	d/ress	
Type of Sample (must che	ck only one box o	of #1 through	#4 listed belo	w) /	
Routine Distribution	Sample	2. Repe	at Sample (10	llow-up	
Troyide information below.			unsatisfacto		
Chlorinated: YesNo Chlorina Residual: Total Free Unsatisfactory routine lab number:					
Chlorine Residual: Total	Free	Onsatistao			
3. Raw Water Source S Required for Surface Water	ample GWL and	Unsatisfac	tory routine co	llect date:	
some Spring Sources	, Gyvi, and				
1 1 1 1	1	Chlorinate	ed: YesNo Residual: TotalFree		
S	show from (M/EI)	Chlorine F	Residual: Iotal	Piee	
Public Systems must provide Source Nur 4. Sample Collected for		nlv			
Construction Rep	airsP	rivate Reside	ence	Other	
LAB USE ONLY	DRINKING W	ATER RE	SULTS	LAB USE ONLY	
Unsatisfactory			☐ Satisf	actory	
Total Coliform Present	and				
☐ E.coli present	E.coli ab				
Fecal coliform present	Fecal co	liform absent	性 INI		
☐ Replacement Sample	Required				
Sample not tested because	e pro	5 Testy	nsuitable beda	use:	
☐ Sample too old (>30 H	ours) LIEU -	O CUMP	ITC Irbid culture		
☐ Improper Container					
	U.S. FP	A REGION 1 OF WATER	/ml. E.coli_	/100ml.	
Bacterial Density Results	: Plate Countillo	Fecal Colif		_/100ml.	
Total Coliform		1 0001 0011		me Received:	
Method Code:	0 1340 2	520	11/21	106 200	
WICK- ZISS II	21/11/2		Date Repor	ted: 11/22/0	
Date Analyzed: 1/1	01100		Lab Use O		
010 /07	09		721	99-01	
Sample Number (DOH number p	olus five digits)		101	. / !	

DP CENTER COPY

DOH Form #331-319 (revised 8/05)

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLL	ECTION; READ IN	ISTRUCTIONS TH	OROUGHLY		
DATE COLLECTED	TIME COLLEC	TED COUNTY NAM	 ИЕ		
MONTH DAY YEA	AR 1 :19	00	0.4		
11/8 0	T JUNIO	IVI	lla		
TYPE OF SYSTEM PUBLIC	IF PUBLIC SYSTEM,	COMPLETE:			
	I.D. NO. 1	2 2 1	CIRCLE GROUI		
(serves only 1 residence)	1 H	3066	A B		
NAME OF SYSTEM	r akinas erre.	Francia La La Constantia	NTN		
7 0	00.	Canin			
SPECIFIC LOCATION WHEF	RE SAMPLE COLLECTED	TELEPHONE NO.	,		
(A-06	LE GOLLLOTED	. 0	1659		
	1	Colductive it	PRITECTOR		
	restress	EVENING ()	327049		
SAMPLE COLLECTED	O -	SYSTEM OWNER/N	IGR: (Name)		
SOLIDCE TYPE TO	Secker	H 1/2	Sar		
SOURCE TYPE GR					
	FIELD	INTERTIE	OMBINATION or OTHER		
SEND REPORT TO: (Pr	int full Name, Address				
122	KIE WA	recore	1 20 16		
[03	3 0110	ISLYN	MMY		
TYPE OF CAMPUT	Qui	WASHINGTO	N 73381		
TYPE OF SAMPLE (check only one in thi	s column)				
Dar rea	□С	hlorinated (Residual:_	Total Free)		
DRINKING WATER		iltered ntreated or Other			
check treatment		Titleated of Other	-		
☐ REPEAT SAMPLE	Lab :	#			
Previous coliform pro	esence Date				
☐ RAW SOURCE WAT		ce # S	☐ Total Coliform		
□ NEW CONSTRUCTION or REPAIRS □ Fecal Coliform □ OTHER (Specify)					
DEMARKS					
BILL	JAMES	TUM TA	ISE		
		11	-156		
☐ UNSATISFACTORY,	coliforms present		TIOTA OTORY		
	Coli present	Coli absent	TISFACTORY liforms absent		
SAMPLES REQUIRED - Fed		cal absent			
	a present	carabsent			
of a sevicing of the A	OTHER LABORATOR		0 - 1		
TOTAL COLIFORM	/100 ml	F. COLI /100	ml		
FECAL COLIFORM	/100 ml	PLATE OOUNT_	/ml		
Parada additional and	ANOTHER SAMPLE	BEQUIRED			
SAMPLE NOT TESTED		EST UNSUITABLE B	ECAUSE:		
☐ Sample too old	R. S.	Confluent growth	Serria was		
☐ Wrong container	1/w /	TNTC			
☐ Incomplete form	JI MA	☐ Turbid culture			
	11111	Excess debris			
SEE REVERSE SIDE		the state of the s	FRESULTS		
LAB NO. (7 DIGITS)	DATE, TIME	RECEIVED			
092-64910	11-8-06	19:110	lan-		
DATE REPORTED	LABORATORY:	12:40 pm	Who		
11-9-06					
WHITE - DP Center Copy	BLUE - Laboratory C	opy GREEN - Water S	upplier Copy		

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

SAMIFLE COLLECTION, NEAD, INSTINUCTIONS I HUNDUGHLY
DATE COLLECTED TIME COLLECTED COUNTY NAME
MONTH DAY YEAR 1:09 COOLLOW
TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE:
PUBLIC
INDIVIDUAL I.D. NO. 1 H 3 7 Z CIRCLE GROUP
(serves only 1 residence) NAME OF SYSTEM
TANKE OF STOTEM
(Uders Cash
SPECIFIC LOCATION WHERE SAMPLE COLLECTED TELEPHONE NO.
(A) (our water DAY() 6814639
EVENING () 5829049
SAMPLE COLLECTED BY: (Name) SYSTEM OWNER/MGR: (Name)
CANUL Baker A Non
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE SURFACE WELL or SPRING DURCHASED or COMBINATION
WELL FIELD OF OCHER
SEND REPORT TO: (Print full Name, Address and Zip
1033 JUD BLYN HWY
TYPE OF SAMPLE WASHINGTON 98582
(check only one in this column)
Chlorinated (Residual:TotalFree)
PRINKING WATER Untreated or Other Check treatment
☐ REPEAT SAMPLE Previous coliform presence Date
cuta est subver on server eller commentation de la
RAW SOURCE WATER Source # S 0 1 □ Total Coliform NEW CONSTRUCTION or REPAIRS
□ OTHER (Specify)
REMARKS: Method 92220 L BLL JAMOTHUN LINE
(LAB USE ONLY) DRINKING WATER RESULTS
□ UNSATISFACTORY, coliforms present □ SATISFACTORY REPEAT □ E. Coli present □ E. Coli absent Coliforms absent
SAMPLES
REQUIRED ☐ Fecal present ☐ Fecal absent
OTHER LABORATORY RESULTS
TOTAL COLIFORM/100 ml E. COLI/100 ml
FECAL COLIFORM //100 ml PATE COUNT //ml
ANOTHER SAMPLE REQUIRED
SAMPLE NOT TESTED BECAUSE: TEST UNSUITABLE BECAUSE:
□ Sample too old □ Confluent growth
☐ Wrong container ☐ Incomplete form ☐ Turbid collure
□ □ Excess debris
Mo Chile
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS LAB NO. (7 DIGITS) DAPE TIME RECEIVED
Table to the book and the book as a second to the second t
092-04909 118-06 12:40pm wms
DATE REPORTED LABORATORY:
WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy
D. Johns Joy, Dear Euroratory John Miles Water Jubblier Juby



DATE COLLECTED

MONTH DAY YEAR 10/19/06

TYPE OF SYSTEM

PUBLIC

Environmental Health 223 E. 4th St. Suite 14

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY TIME COLLECTED

8:45

IF PUBLIC SYSTEM, COMPLETE:

M AM □ PM

COUNTY NAME

Clallam County



CIRCLE GROUP

Port Angeles, WA 98362 (360) 417-2334 WATER BACTERIOLOGICAL ANALYSIS

PUBLIC		- 11	- 6	0 0		CIRCLE GROUP
INDIVIDUAL	I.D. NO.	TH	3	82	6	A B
(serves only 1 residence)	(3-1			21.0	0.00	NCNT
NAME OF SYSTEM	0- 1					
	00	2000	200	2/2)	
SPECIFIC LOCATION WH	ERE SAMPLE (COLLECTED	TELEPI	HONE N	0.	111150
0A-06			DAY () (182	14039
	11	. 1	EVENUA.	NO /	-	810049
SAMPLE COLLECTE		110	EVENI	The state of the	ER/MC	GR: (Name)
- 11			OTOTE	1	110	1∞
	ROUND W		ER SURI	FACE IN	FLUE	NCE
SOURCE TYPE G						
WEI	LL FIELD	Haraster	INTER	RTIE	ot 6	or OTHER
SEND REPORT TO: (Print full Nar	me, Addres	s and Zip	LL	NOT.	4-1-1-1-1-1-1-1
	133	019	BI	yn 1	Hu	14
5	Elile	IM	3,110	WASHI	NGTO	N 42 (85
TYPE OF SAMPLE	Alor of the					
(check only one in	this column		Chlorinat	ted (Resi	dual:	TotalFree)
ROUTINE			Filtered			** INIGE
DRINKING WAT check treatment	ER —	> -	Untreated	d or Othe	er	
Check treatment						
☐ REPEAT SAMPL Previous coliform		La Da	o # te		11.	
☐ RAW SOURCE	MATER	So	urce #	S	1	☐ Total Coliform
□ NEW CONSTRU	ICTION or R		u.00 " [<u> </u>	Tau d	☐ Fecal Coliform
DEMARKO.				-	1.00	5077
+ BILL)	AME	550n	11	TRI	BE	
	AB USE ONL					
UNSATISFACTO			NG WAI	LITTLE	1	ATISFACTORY
	E. Coli pres		E. Coli at	bsent	\wedge	oliforms absent
SAMPLES			Fecal abs	-1-1		e montree.
REQUIRED	Fecal prese	int \Box	i ecai aba	SOIIL	32.1	and see
~ *********	OTHER	LABORAT	ORY RE	SULTS	1.0	200 1 1
TOTAL COLIFORM	/100	ml	E. (COLI	/100	0 ml
FECAL COLIFORM	/100	ml	PL	ATE CO	JNT_	/ml
	ANOT	HER SAME	LE REQ	UIRED	-	office to a
SAMPLE NOT TES	TED BECAL	BE. G	TEST	TIUSUR	ABLE	BECAUSE:
☐ Sample too old	3			nfluent g	11	
☐ Wrong contains	rll no	TOG		ITC		
☐ Incomplete form		T 26	ZUUD	rbid cultu	ire	
				cess deb		
		S FPA REG		VDI ANA	TION	OE DESI II TS
SEE REVERSE	ACCRECATE AND A PROPERTY		IME REC		ION	OI RESOLIS
LAB NO. (7 DIGITS)	DATE,	INIE NEC	OCIVED.		Citiana Ru
092-0469	123 4	10-19	-06	9:40	AN	wms
DATE REPORTED	/_	BORATOR	Y:	- 41		
10/20/1		3m		ODEEN	101-1-	r Cupplier Conv
WHITE - DP Cente	er Copy BL	UE - Laborat	ory Copy	GKEEN	- wate	r Supplier Copy
			*.			



COLIFORINI B	ACTERIA A	MALTSIS				
	ime Sample Collected	County				
Month Day Year	S 15 TPM	Clallan				
		//				
Type of Water System (check only one bo	·	and ald				
Group A Public Group B Public	☐ Private Hou☐ Other	NTNC				
Group A and Group B Systems – Provide	from Water Facil	ties Inventory (WFI):				
ID# 1 H 3 8	26	_				
System Name:	ars (asin				
Contact Person:	COLL					
Day Phone: (343) 681465	9 Cell Phone	e: ()				
Eve. Phone: () 582 9 3	G FAX: ()				
Send results to: (Print full name, address and zip	- 11					
1033 019	- Blu	2 Duy				
Scalfin	WA	9737				
SAMPLE	INFORMATION	ON				
Sample collected by (name):	Corn	211				
Specific location where sample collected						
Special instructions or comments:	\au L	1				
Type of Sample (must check only one but		JUN VIBE				
1. ☐ Routine Distribution Sample		t Sample (follow-up				
Provide information below.		unsatisfactory sample)				
Chlorinated: Yes No		mation below.				
Chlorine Residual: Total Free	Unsatisfacto	ry routine lab number:				
3 Raw Water Source Sample	Uneatisfacto	ry routine collect date:				
Required for Surface Water, GWI, and some Spring Sources		/				
		nlorinated: YesNo				
Public Systems must provide Source Number from (WFI)	Chlone Resi	dual: Total Free				
Sample Collected for Information	Only					
1.00	Private Residenc	eOther				
LAB USE ONLY DRINKING	WATER RESU	ILTS LAB USE ONLY				
☐ Unsatisfactory		☐ Satisfactory				
Total Coliform Present and						
☐ E.coli present ☐ E.coli a						
	oliform absent	EN				
Replacement Sample Required	Application of the control of the co	Page and Co.				
Sample not tested because:	1 0	able because:				
Sample too old (>30 hours)	6 2006	oulturo				
	☐ Improper Container ☐ Turbid culture					
U.S. EPA REGION TO Bacterial Density Results: Plate Count OFFICE OF WATERIL E.coli /100ml.						
Total Coliform/100ml.	Fecal Coliform_	/100ml.				
Method Code: MICR- 2 7 3 0	10 Da	ite and Time Received:				
Date Analyzed: 10/Ce/Ce	/	te Reported: 10/7/1/6				
1 11/31	La	b Use Only:				
Sample Number (DOH number plus five digits)		71059-01				
OOH Form #331-319 (revised 8/05)						



0108

COLIEC	DM BAC	TERIA AN					
Date Sample Collected		Sample ected	County				
10606	100	MAL	COMOR.				
Month Day Year	10	DE DM	Willow				
Type of Water System (check only one box)							
Group A Public		Private House	ehold NTNI				
Group B Public	Dravida from	Other	I V V I V C				
Group A and Group B Systems	- Provide from	vvater Facilitie	es inventory (VVFI):				
ID# 1 H S		1 0	-				
System Name: 7	day	, Ca	ei Nu				
Contact Person: VLC	er (cons.	U				
Day Phone: (360) 68 1	4659	Cell Phone:	()				
Eve. Phone: () 582	9049	FAX: ()				
Send results to: (Print full name, add		e) , 1					
VICTUR		211					
1033	0/9 B	lyn f	Miny				
Segui	m u	UA	98382				
\ s	AMPLE IN	FORMATIO	V				
Sample collected by (name):	VIC	0.00) [
Specific location where sample	collected (add	ress or sample	site, and type of faucet):				
Special instructions or comment		Kit 4	sen sine	_			
BI L	"JAN	12570	WW TRIB	モ			
Type of Sample (must check o	nly one box o	#1 through #4	listed below)				
Routine Distribution San	nple	2. Repeat	Sample (follow-up				
Provide information below.	7-1-2	to an ur	satisfactory sample)				
Chlorinated: Yes No 🔀	_	Provide inform					
Chlorine Residual: TotalF		Unsatisfactory	routine lab number:				
3. Raw Water Source Samp		I Insatisfactory	routine collect date:	-			
Required for Surface Water, GW	ri, and	/					
some Spring Sources		Chlorinated: Y	nated: Yes No				
S		Chlone Residu	one Residual: Total Free				
Public Systems must provide Source Number from	. ,			_			
4. Sample Collected for Info		y ate Residence	Other				
	NKING WA	TER RESUL	A				
Unsatisfactory Total Coliform Present and		19	Satisfactory				
☐ E.coli present	☐ E.coli abse	nt					
Fecal coliform present	Ecal colifo		and the same of th				
☐ Replacement Sample Requ		EIW	EM	-			
Sample not tested because		Test unsuita	ble because:				
☐ Sample too old (>30 hours)	OCT	I TOTAL					
☐ Sample too old (>30 hours) ☐ ☐ 19166 ☐ Turbid culture							
Bacterial Density Results Plate	Count OFFIC	A REGION 10 E	.coli/100m	ıl.			
Total Coliform	100ml. Fe	cal Coliform	/100ml.				
Method Code:	0	Date	and Time Received:	2-			
MICR- 2 7 3	<u> </u>	/0	16/06 1.15	an			
Date Analyzed: 18/10/6	Ce		Reported: 67760 Use Only:	0			
010 6743	2	Lab		`			
Sample Number (DOH number plus five dig	pits)		71059-02	-			

DOH Form #331-319 (revised 8/05)



Dul 8

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time S		County		
4115100	Collected				
Month Day Year	10:49 PM Callar				
Type of Water System (check or	nly one box)				
Group A Public		Private Hous			
Group B Public	-	Other			
Group A and Group B Systems	– Provide from	Water Facilit	es Inventory (WFI):		
ID# 1 1 3	8_	2 6	_		
System Name:	ONA	-	CA OF		
Contact Person:	e Ca	[(a)			
Day Phone: (3, 2) 6 81	4659	Cell Phone			
Eve. Phone: ()		FAX: (16313405		
Send results to: (Print full name, addr		25			
- VICKIE	a prince he	Kuller			
1733		BLY	- 3		
- DEY.	1 1 1	WA	28585		
S	AMPLE INF	ORMATIO	N		
Sample collected by (name):	1		10 章		
Specific location where sample	collected (addre	Account of the last of the las	e site, and type of faucet):		
	ACC 3A		one, and type or laddety.		
Special instructions or comment	S:		***		
Type of Sample (must check or	aly one boy of	#1 through #	Llisted below)		
1. Routine Distribution San			Sample (follow-up		
Provide information below.	ipic		nsatisfactory sample)		
Chlorinated: Yes No		Provide inform	nation below.		
Chlorine Residual: TotalF	ree	Unsatisfactor	y routine lab number:		
3. Raw Water Source Samp		Insatisfactor	y routine collect date:		
Required for Surface Water, GW some Spring Sources	n, and		/		
s			/esNo		
Public Systems must provide Source Number from		Chlone Resid	ual: Total Free		
4. Sample Collected for Info					
	Priva		Other		
LAB USE ONLY DRI	NKING WAT	ER RESU	LTS LAB USE ONLY		
☐ Unsatisfactory			☑ Satisfactory		
Total Coliform Present and			N'		
	E.coli absen				
Fecal coliform present	Fecal coliforn	n absent	ENEM		
Replacement Sample Requ	ured				
Sample not tested because:			able because:		
☐ Sample too old (>30 hours) ☐ Improper Container ☐ TUTC					
	/				
Bacterial Density Results: Plate			E.goli PA /100ml.		
Total Coliform/	100ml. Fed	al Coliform_	OFFICE /100ml.		
Method Code:	0		e and Time Received:		
MICR- 2 7 3			1/15/06 100		
Date Analyzed: 945100		*	e Reported:		
010 65754	(_			
Sample Number (DOH number plus five dig	its)		70491-01		



dul

COLIFORM BACTERIA ANALYSIS

CULIFURINI DAGTERIA ANALTSIS					
C	e Sample ollected	County			
09/12/06	□AM				
Month Day Year 12	:45 PM	KITSAP			
Type of Water System (check only one box)		L-14			
Group A Public Group B Public	☐ Private House ☐ Other				
Group A and Group B Systems - Provide fr	om Water Facilitie	es Inventory (WFI):			
THO I	9 1	-			
System Name: CLEAR WATER	: CASIN	00			
Contact Person: HAPLY AM	MS	/			
Day Phone: (360) 593-8721	Cell Phone:	1			
Eve. Phone: () Send results to: (Print full name, address and zip of the control of the contro	,	3 4			
HARVEY ADA					
15347 SUQUAM	ISH WY				
SUQUAMISH, WA	48397	_ :			
SAMPLE	INFORMATIO	N			
Sample collected by (name):	BOOK GOV	WAN			
Specific location where sample collected (a					
Special instructions or comments:	s close	1			
	A CHARLES				
Type of Sample (must check only one box					
1. Routine Distribution Sample		Sample (follow-up			
Provide information below. Chlorinated: Yes No	Provide inform	nsatisfactory sample)			
Chlorine Residual: Total Free		y routine lab number:			
3. Raw Water Source Sample	Line of the dead				
Required for Surface Water, GWI, and		y routine collect date:			
some Spring Sources	Chlorinated: \	/esNo			
Chlone Residual: Total Free					
Public Systems must provide Source Number from (WFI) 4. ☐ Sample Collected for Information Only					
ConstructionRepairs	Private Residence				
LAB USE ONLY DRINKING \	WATER RESU	11			
☐ Unsatisfactory		Satisfactory			
Total Coliform Present and E.coli present E.coli al	esent				
☐ E.coli present ☐ E.coli al	SANCE AND ADDRESS OF THE PARTY	EIMED			
Replacement Sample Required	D 5 6	E I V 5			
Sample not tested because:	Test unsuita	able because:			
☐ Sample too old (>30 hours) ☐ ☐ 00 ☐ ☐ 7 2006 ☐					
Improper Container Turbid culture					
Bacterial Density Results: Plate Count	US	EPA REGION 10 Ecology WATER /100ml.			
Total Coliform /100ml.	Fecal Coliform_				
Method Code:	politic	te and Time Received:			
MICR- 2 7 3 0	9	112/06 130			
Date Analyzed: 9/12/10		te Reported: 1/13/100			
010 (5795)	La	b Use Only:			
Sample Number (DOH number plus five digits)	7	0344-07			
DOH Form #331-319 (revised 8/05)					



COLIFO	RM BAC	TERIA AN	IALYSIS		
Date Sample Collected		Sample	County		
9/15/06	Coll	ected AM	Challan		
Month Day Year	10	19 PM	Center		
Type of Water System (check or		1 Drivete Heve	h a lal		
Group A Public Group B Public		Private House			
Group A and Group B Systems	- Provide fron			_	
ID# I H 3	8	26			
System Name: 1	D N A	on Ca	2012		
System Name: Total Cashw Contact Person: Mickle Carry					
Day Phone: (3 6) 681		Cell Phone:	()		
Eve. Phone: ()			20181801		
Send results to: (Print full name, add	ress and zip cod	e) ROLL			
		BLYN	Huy		
SEQU	LIM,	WA	98382		
S	AMPLE IN	FORMATION	1		
Sample collected by (name):	Victo	e Car	No		
Specific location where sample	collected (add	ress or sample	site, and type of faucet):		
Special instructions or comment	s:			_	
* BILL JAK	LESTO	T rue	LIBE	_	
Type of Sample (must check o				_	
Routine Distribution San Provide information below.	nple		Sample (follow-up satisfactory sample)		
Chlorinated: YesNo		Provide inform			
Chlorine Residual: TotalF					
3. Raw Water Source Samp	le				
Required for Surface Water, GW	/I, and		routine collect date:		
some Spring Sources			es No		
S			al: Total Free Free		
Public Systems must provide Source Number from	n (WFI)			'	
4. ☐ Sample Collected for Info			000 41 00 000 41 00 000 000 000 000 000		
Construction Repairs_					
	NKING WA	TER RESUL	1		
Unsatisfactory Total Coliform Present and		9	Satisfactory		
	☐ E.coli abse	nt	- IN E DI		
Fecal coliform present	Fecal colifo	rm absent			
Replacement Sample Requ	uired	0		1	
Sample not tested because:		Test unsuita	because: 2006		
☐ Sample too old (>30 hours)		UDITATE "			
Improper Container		☐ Turbid cu	IS EPA REGION 10		
D 1 1 1 D 1 1 D 1	0 1	(-1.5	OFFICE UT TO		
Bacterial Density Results: Plate Total Coliform		/ml. E	/100ml.		
Method Code:	1001111.		and Time Received:	_	
MICR- 2 7 3	0	9	115/06 100		
Date Analyzed: 915100			Reported: Alloloto		
10-1-11			Use Only:		
O10 Sample Number (DOH number plus five dig	its)	- 7	6491-01		

DOH Form #331-319 (revised 8/05)

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED	TIME COL	LECTED	COUNTY	NAME	
MONTH DAY YEAR	SAR!	☐ PM	Ces	00=	
	PUBLIC SYS	TEM, COM	PLETE:		
PUBLIC				T	0.00.5.000.10
	D. NO. \	H 3	8 2	6	CIRCLE GROUP
(serves only 1 residence)	<u>kasa</u>				NTNC
NAME OF SYSTEM	A				sale cast
1 les	las	0	DIN	k	
SPECIFIC LOCATION WHERE	SAMPLE COLLE	CTED TEL	EPHONE N	1001	11659
CA-01		DA	Y() U	201	4659
Co. 1	, salv	TONEVE	ENING (15	829049
SAMPLE COLLECTED B			F-18-18-18-18-18-18-18-18-18-18-18-18-18-		GR: (Name)
V Carr	Uc	R	on S	oth	Sale tes
SOURCE TYPE GRO	UND WATER	UNDER S	URFACE IN	FLUE	NCE
SURFACE WELL O	r □ SPRIN IELD				COMBINATION or OTHER
SEND REPORT TO: (Prin	t full Name, A	ddress and	Zip		OF OTTIET
VIC	KIE	CHYC	1600	7	Asstracys"
103	3 01	2 B	17	Lyh	7-7)
Se	gon	() // () ()	WASH	NGTO	N 78332
TYPE OF SAMPLE (check only one in this	The Visit of the last				may canal established
tined ippoi				dual:_	TotalFree)
☐ ROUTINE DRINKING WATER	disciplination		ed ated or Othe	ar	7 The 1418 ASH
check treatment	410, \$ 10 ft	- Onlie	ated of Othe	31	
☐ REPEAT SAMPLE		Lah#			
Previous coliform pre					
RAW SOURCE WAT	FR	Source #	SD	1	☐ Total Coliform
□ NEW CONSTRUCTI			0		Fecal Coliform
☐ OTHER (Specify)		4		j= - 12	The part of the same of the sa
REMARKS:	7 0	Λ	Cs	^	
	SE ONLY) DE	11. 11.	ATER RES	0 000	E10510505V
UNSATISFACTORY,	coliforms pres Coli present		i abcent		TISFACTORY diforms absent
SAMPLES					BERVIN PART
REQUIRED - Fed	al present	□ Fecal	absent	in and	C 74387 018 2
	OTHER LABO	DRATORY	RESULTS		Bartin D
TOTAL COLIFORM	_/100 ml	1 - 1 - 1 - 1 - 1 - 1	E. COLI	/100) ml
FECAL COLIFORM	/100 ml	DO TE	PLATE COL	JNT_	/ml
3 16 W	ANOTHERS	AMPLER	EQUIRED		rando de la come
SAMPLE NOTTESTED	BECAUSE:	TES	ST UNSUIT	ABLE	BECAUSE:
☐ Sample too old	1	A 2006	Confluent g	rowth	Wilder Color
☐ Wrong container	SEP !		TNTC		13 - 1819 - 15 Dags
☐ Incomplete form	suit yet est e	TON TO	Turbid cultu	re	N. 150 St. 18
- L	U.S. EPA	REGION	Excess deb	ris	3
SEE REVERSE SIDE	OF GREEN	COPY FOR	REXPLANA	TION	OF RESULTS
LAB NO. (7 DIGITS)	DA.	TE, TIME F	RECEIVED		
092-0431	5	7/61	06 31	Oper	BUD
DATE REPORTED	LABORA	TORY:			
9/7/06	my				
WHITE - DP Center Cop	y BLUE - La	boratory Cop	y GREEN	 Water 	Supplier Copy

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INS	TRUCTIONS THOROUGHLY
DATE COLLECTED TIME COLLECTE	
MONTH DAY YEAR 1:53	- 10-00-
9/6/06 HAM [] PM	
TYPE OF SYSTEM IF PUBLIC SYSTEM, C	COMPLETE:
PUBLIC I.D. NO. 1	2 2 CIRCLE GROUP
INDIVIDUAL (serves only 1 residence)	SOFO
NAME OF SYSTEM	ates in the following the desired
TAINE OF STOTE	
ledars Ca	TELEPHONE NO.
SPECIFIC LOCATION WHERE SAMPLE COLLECTED	DAY() 6814659
CA-US	and the street of the state of
soin la prin Ain	EVENING() 582 9049
SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR: (Name)
1 (2000)	Ron Sather
COURCE TYPE GROUND WATER UND	ER SURFACE INFLUENCE
SURFACE WELL or SPRING	□ PURCHASED or □ COMBINATION
WELL FIELD	HATCHILL
SEND REPORT TO: (Print full Name, Addres	sand Zip
1033 019	Blyn Hus
SEDUIN	WASHINGTON 9838
TYPE OF SAMPLE	
(to the strong in this column)	Chlorinated (Residual:TotalFree)
	Filtered
DRINKING WATER check treatment	Untreated or Other
☐ REPEAT SAMPLE La	ab #ab #
Previous coliform presence	ate
☐ RAW SOURCE WATER SOURCE WATER SOURCE WATER SOURCE WATER SOURCE SAME SOURCE SAME SOURCE SAME SOURCE SAME SOURCE SAME SAME SAME SAME SAME SAME SAME SAM	ource # S ☐ Total Coliform ☐ Fecal Coliform
□ OTHER (Specify)	ACAL SALES
REMARKS: 7 Cedar	· Cann
(LAB USE ONLY) DRINI	KING WATER RESULTS
☐ UNSATISFACTORY, coliforms present	
REPEAT E. Coli present	☐ E. Coli absent Coliforms absent
CAMPLES	Fecal absent
the second second second second second	ATORY RESULTS
TOTAL COLIFORM/100 ml	E. COLI/100 ml
FECAL COLIFORM/100 ml	PLATE COUNT/ml
	MPLE REQUIRED
SAMPLE NOT TESTED BECAUSE	TEST UNSUITABLE BECAUSE:
	Confluent growth
☐ Sample too old ☐ Wrong container	□ TNTC
□ Incomplete form SEP 4	2006 Turbid outure
	☐ Excess debris
	DRY FOR EXPLANATION OF RESULTS
	DPY FOR EXPLANATION OF RESULTS
1092-104316 91	6 106 310pm 104

DATE REPORTED WHITE - DP Center Copy BLUE - Laboratory Copy

LABORATORY: Bus

GREEN - Water Supplier Copy

Clallam County 1053 pol **Environmental Health**

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334 WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLL	ECTION; READ	INSTRI	JCTIO	NS THO	ROUGHLY
DATE COLLECTED	TIME COLL	ECTED	COUN	ITY NAME	
MONTH DAY YE		3 O PM	C	000	lan
TYPE OF SYSTEM	IF PUBLIC SYST	EM, COM	PLETE:	After 1	
PUBLIC	IID NO.				CIRCLE GROUP
INDIVIDUAL (serves only 1 residence)	I.D. NO.]	43	S	36	A B
NAME OF SYSTEM	ar and the unit	10 (775.	0 700	galc. 191	NENI
7 (02	1- (a	-6 A d	2		
SPECIFIC LOCATION WHE	RE SAMPLE COLLEC	TED TEL	EPHON	IF NO	
CA-01		DAY		681	4659
50 1	lake	EVE	NUNIO (27 QINIS
SAMPLE COLLECTED	BY: (Name)	3.7) S	GR: (Name)
VICAC	MIL	1010	Ā	No	M A
0	ROUND WATER U	JNDER SI	IRFACE	INFLUE	NCE
SURFACE SWELL					
WELI	FIELD	STEP INT	ERTIE	Per 01 :	or OTHER
SEND REPORT TO: (F	Print full Name, Add	dress and			CALLETT ACK
103	3 ULD	BL	IN	HN	1
SE	MINDS		WA	SHINGTO	N 98382
TYPE OF SAMPLE		- 51	FUL FA	ATTENDED IN	olspa batcer
(check only one in the					ili adigmus
ROUTINE		☐ Chlorin			_TotalFree)
DRINKING WATER		☐ Untrea			- HISH CHAQUE
400					
REPEAT SAMPLE Previous coliform p		Lab # Date	3 10 1		
10000000000000000000000000000000000000		i en m	me	1 1111	2001
RAW SOURCE WA		Source #	S	20	☐ Total Coliform ☐Fecal Coliform
□ OTHER (Specify)	TON OF THE AFTE	,			ecar comonn
REMARKS:	7 .	me	2 fr	tool	92220
KBILL T	Cedas	C	Vice	س	161
(LAB	USE ONLY) DRIN	NKING WA	TER R	ESULTS	
UNSATISFACTOR			3 24 3 3	120	TISFACTORY
REPEAT □ E	. Coli present		absent		iforms absent
SAMPLES REQUIRED = F	ecal present	☐ Fecal al	nsent	TWO TE	
	Other sense	2000.00	200.00	1 200	
	OTHER LABOR	ATORY R	ESULT	S	
TOTAL COLIFORM_	/100 ml	E.	COLI	/100	ml
FECAL COLIFORM	/100 ml	PI	LATE C	OUNT	/ml
	ANOTHER SAL	MPLE REC	QUIREC	Fali	Au ar r
SAMPLE NOT TESTE	D BECAUSE:	TEST	UNSU	TABLE BI	FCAUSE:
☐ Sample too old	M AUG 2			11 111	20,1002.
☐ Wrong container	700 2	2000		givan	A - MAC. 1
☐ Incomplete form			urhid du	lture	- 71 7 7
	U.S. EPA I	REGION 10 OF WATER	cess de	ebris	
SEE REVERSE SID		Samuel Continues and Street	of the latest designation of the	The same of the sa	F RESULTS
LAB NO. (7 DIGITS)		, TIM ∉ RE		and the second second	
000 0/1///	1 8/2	3/04	1017	:40	06
092-0414	1		- 11	- 10	4
DATE REPORTED	LABORATO	RY:	40	0.9-4-7	
8/24/0	6 BMS				
WHITE - DP Center Co	opy BLUE - Labora	atory Copy	GREE	N - Water S	Supplier Copy

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; RE	EAD INSTR	UCTIONS TH	OROUGHLY
DATE COLLECTED TIME C	OLLECTED	COUNTY NAM	IE
MONTH DAY YEAR	:22	0000	10-
3/23/06 M	л 🗆 РМ	Cea	lam
	YSTEM, COM	PLETE:	
PUBLIC	F		7
Serves only 1 residence) 1.D. NO.	T H 3	8 26	CIRCLE GROUP
NAME OF SYSTEM	C111 10 11 5		and the second
7 Cedars C	asin	>	
SPECIFIC LOCATION WHERE SAMPLE COI		EPHONE NO.	11100
CA-03	DAY	8011	14659
lan Kitch Sur	SUPEVE	ENING ()	329049
SAMPLE COLLECTED BY: (Name)		STEM OWNER/N	MGR: (Name)
V Corrol		A No	201
SOURCE TYPE GROUND WATE			
SURFACE WELL OF SPF	IN	TERTIE	Or OTHER
SEND REPORT TO: (Print full Name,	Address and	Zip	
1033 06	D BL	HUK	WY
SEQUIM		WASHINGT	~828P NO
TYPE OF SAMPLE	1.4.4.3	Shalle of the	1,000
(check only one in this column)			
ROUTINE	☐ Chlori		TotalFree)
DRINKING WATER		ated or Other	
check treatment			
☐ REPEAT SAMPLE	Lab #		
Previous coliform presence	Date		<u> </u>
☐ RAW SOURCE WATER	Source #		☐ Total Coliform
□ NEW CONSTRUCTION or REPA		3	☐ Fecal Coliform
☐ OTHER (Specify)	en es ente		PERSONAL PROPERTY.
REMARKS:	g lo soy	and whiteer	
FBILL / LEA	e, (ASIN	>
(LAB USE ONLY) I	DRINKING W	ATER RESULTS	
☐ UNSATISFACTORY, coliforms pro	A CONTRACTOR OF THE PARTY OF TH	X S	ATISFACTORY
REPEAT E. Coli present			oliforms absent
SAMPLES REQUIRED □ Fecal present	□ Fecal s	beent	
TIE GOTTED TECHT Present	_ T Coar a	ibserit	
OTHER LA	BORATORY F	RESULTS	and all lets
TOTAL COLIFORM/100 ml	a modela c	. COLI/10	0 ml
FECAL COLIFORM/100 ml	F	LATE COUNT_	/ml
ANOTHER	SAMPLE RE	QUIRED	
		5	
SAMPLE NOT TESTED BECAUSE:		T UNSUITABLE	BECAUSE:
□ Sample too old AUG	/ 4 7/8/	onfluent growth	3 100
☐ Wrong container		NTC	
☐ Incomplete form	range of the state	urbid culture	
	EPA REGION E ICE OF WATER		
SEE REVERSE SIDE OF GREEN		A CONTRACTOR OF THE PARTY OF TH	OF RESULTS
LAB NO. (7 DIGITS)	ATE, TIME, RE	CEIVED	
000 011145	5/23/0	6	11240
092-04140	7	The same	010
DATE REPORTED LABOR	ATORY:		9

WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

1093

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION, READ INSTRUCTIONS THOROUGHLY
DATE COLLECTED TIME COLLECTED COUNTY NAME
MONTH DAY YEAR 10:20 COADO
8/9/06 FAM [PM] Calla
TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE:
POBLIC INDIVIDUAL I.D. NO. 1 2 2 CIRCLE GROUP
(serves only 1 residence) A B
NAME OF SYSTEM
7 Cedaro Casin
SPECIFIC LOCATION WHERE SAMPLE COLLECTED TELEPHONE NO.
CADO DAY() 681405
week hom rost EVENING() 582904
SAMPLE COLLECTED BY: (Name) SYSTEM OWNER/MGR: (Name)
V Carpy Hall
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
SURFACE SWELL or SPRING PURCHASED OF COMBINATION WELL FIELD INTERTIE OF OTHER
SEND REPORT TO: (Print full Name, Address and Zip
LO33 OLD BLYN HWY
SEQUIM WASHINGTON 98382
(check only one in this column)
☐ Chlorinated (Residual:TotalFree)
ROUTINE DRINKING WATER Check treatment DRINKING WATER Untreated or Other
to the second se
REPEAT SAMPLE Lab #Previous coliform presence Date
entropy of the cause and search and caped the book
□ RAW SOURCE WATER Source # S □ Total Coliform □ NEW CONSTRUCTION or REPAIRS □ Fecal Coliform
OTHER (Specify)
REMARKS:
BILL I Odan Casim
(LAB USE ONLY) DRINKING WATER RESULTS
□ UNSATISFACTORY, coliforms present SATISFACTORY
REPEAT E. Coli present E. Coli absent Coliforms absent
SAMPLES REQUIRED □ Fecal present □ Fecal absent
an underzeit einem Latert Lagreen und mittelluur desch
15 CONTROL OF THE LABORATORY RESULTS
TOTAL COLIFORM/100 ml
FECAL COLIFORM/100 ml PLATE COUNT/ml
ANOTHER SAMPLE REQUIRED
SAMPLE NOT TESTED BECAUSE: TEST UNSUITABLE BECAUSE:
Sample too old AUG 2 9 Confluent growth
□ Wrong container
☐ Incomplete form ☐ Turbid culture
OFFICE OF WATER
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS
LAB NO. (7 DIGITS) DATE, TIME RECEIVED
A STORY AND COLUMN TO SEE THE SECOND
092-04042 8 9/06 12:45 TW
DATE REPORTED LABORATORY:
0/10/02
WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS THOROUGHLY DATE COLLECTED TIME COLLECTED COUNTY NAME 10:45 MONTH. YEAR AM PM TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE: PUBLIC INDIVIDUAL I.D. NO. CIRCLE GROUP (serves only 1 residence) NAME OF SYSTEM SPECIFIC LOCATION WHERE SAMPLE COLLECTED TELEPHONE NO. DAY (EVENING (SAMPLE COLLECTED BY: (Name) SYSTEM OWNER/MGR: (Name) UU GROUND WATER UNDER SURFACE INFLUENCE SOURCE TYPE □ SURFACE □ WELL or □ SPRING □ PURCHASED or □ COMBINATION WELL FIELD INTERTIE or OTHER SEND REPORT TO: (Print full Name, Address and Zip TYPE OF SAMPLE (check only one in this column) ☐ Chlorinated (Residual: Total ROUTINE Filtered DRINKING WATER □ Untreated or Other_ check treatment ☐ REPEAT SAMPLE Lab # Previous coliform presence Date ☐ RAW SOURCE WATER Source # ☐ Total Coliform □ NEW CONSTRUCTION or REPAIRS ☐ Fecal Coliform ☐ OTHER (Specify) REMARKS: (LAB USE ONLY) DRINKING WATER RESULTS SATISFACTORY ☐ UNSATISFACTORY, coliforms present REPEAT Coliforms absent ☐ E. Coli present ☐ E. Coli absent SAMPLES ☐ Fecal present ☐ Fecal absent OTHER LABORATORY RESULTS TOTAL COLIFORM /100 ml E. COLI FECAL COLIFORM /100 ml PLATE COUNT ANOTHER SAMPLE REQUIRED SAMPLE NOT TESTED BECAUSE TEST UNSUITABLE BECAUSE: ☐ Sample too old ☐ Confluent growth □4NDC 2006 □ Wrong container ☐ Incomplete form ☐ Turbid culture U.S. EPAExcess debris SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS LAB NO. (7 DIGITS) TIME RECEIVED 092-LABORATORY DATE REPORTE

Sus

BLUE - Laboratory Copy GREEN - Water Supplier Copy

WHITE - DP Center Copy

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY
DATE COLLECTED TIME COLLECTED COUNTY NAME
MONTH DAY YEAR 10:53 Clallan
YPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE:
I.D. NO. INDIVIDUAL serves only 1 residence)
IAME OF SYSTEM
7 Celars Casin
PECIFIC LOCATION WHERE SAMPLE COLLECTED TELEPHONE NO.
DAY() 6819659
raw water top EVENING()582-904
SAMPLE COLLECTED BY: (Name) SYSTEM OWNER/MGR: (Name)
V Carry Harass
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
SURFACE SWELL of SPRING PURCHASED or COMBINATION WELL FIELD INTERTIE or OTHER
SEND REPORT TO: (Print full Name, Address and Zip
1033 OLD BLYN HWY
one visedoro SEUUM washington 98382
TYPE OF SAMPLE THAT HE RECEIVED OF A COME THAT MODEL AND LESS AND
(check only one in this column) □ Chlorinated (Residual:TotalFree)
□ ROUTINE □ Filtered □ DRINKING WATER □ Untreated or Other □ check treatment
□ REPEAT SAMPLE Lab # Date □ Da
RAW SOURCE WATER Source # S Total Coliform NEW CONSTRUCTION or REPAIRS OTHER (Specify)
REMARKS: Method 9222D
& BILL 7 Codors Cooper
(LAB USE ONLY) DRINKING WATER RESULTS
☐ UNSATISFACTORY, coliforms present ☐ SATISFACTORY
REPEAT □ E. Coli present □ E. Coli absent Coliforms absent SAMPLES
REQUIRED Fecal present Fecal absent
OTHER LABORATORY RESULTS
TOTAL COLIFORM/100 ml E. COLI/100 ml
FECAL COLIFORM / 100 ml PLATE COUNT/ml
ANOTHER SAMPLE REQUIRED
SAMPLE NOT TESTED BECAUSE: TEST UNSUITABLE BECAUSE:
☐ Sample too old ☐ Confluent growth ☐ Sample too old
□ Wrong container □ TNTC
☐ Incomplete form ☐ Turbid culture ☐ Excess debris
Same West Health
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS
LAB NO. (7 DIGITS) DATE, TIME RECEIVED

7/19/06 WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy

LABORATORY:

Clallam County **Environmental Health** 223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334 WATER BACTERIOLOGICAL ANALYSIS SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY COUNTY NAME TIME COLLECTED DATE COLLECTED DAY YEAR MONTH FAM PM IF PUBLIC SYSTEM, COMPLETE TYPE OF SYSTEM PUBLIC CIRCLE GROUP I.D. NO. INDIVIDUAL B (serves only 1 residence) NAME OF SYSTEM TELEPHONE NO. SPECIFIC LOCATION WHERE SAMPLE COLLECTED 1631 EVENING (Crtchen SYSTEM OWNER/MGR: (Name) SAMPLE COLLECTED BY: (Name) GROUND WATER UNDER SURFACE INFLUENCE SOURCE TYPE SURFACE WELL or SPRING PURCHASED or COMBINATION or OTHER INTERTIE WELL FIELD SEND REPORT TO: (Print full Name, Address and Zip WASHINGTON TYPE OF SAMPLE (check only one in this column) ☐ Chlorinated (Residual:___Total__ Free) Filtered ☐ Untreated or Other_ DRINKING WATER check treatment Lab #_ ☐ REPEAT SAMPLE Previous coliform presence □ Total Coliform Source # RAW SOURCE WATER Fecal Coliform ☐ NEW CONSTRUCTION or REPAIRS OTHER (Specify) (LAB USE ONLY) DRINKING WATER RESULTS SATISFACTORY ☐ UNSATISFACTORY, coliforms present Coliforms absent □ E. Coli present □ E. Coli absent REPEAT SAMPLES ☐ Fecal absent ☐ Fecal present REQUIRED OTHER LABORATORY RESULTS E. COLI /100 ml TOTAL COLIFORM PLATE COUNT /ml /100 ml FECAL COLIFORM ANOTHER SAMPLE REQUIRED TEST UNSUITABLE BECAUSE: SAMPLE NOT TESTED BECAUSE: □ Confluent growth ☐ Sample too old JUL 2 6 20 TATC ☐ Wrong container ☐ Turbid culture ☐ Incomplete form Excess debris IIS FPA REGION 10 SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS DATE, TIME RECEIVED LAB NO. (7 DIGITS) 092- DZ LABORATO DATE REPORTED Bus BLUE - Laboratory Copy GREEN - Water Supplier Copy WHITE - DP Center Copy



COLLEGEM BACTERIA ANALYSIS

COLIFORIVI BAC	ILNIAA	MALIOIO		
Date Sample Concord	Sample lected	County		
Month Day Year	S PN	Claller		
Type of Water System (check only one box)	7.5			
Group B Public	Private Hou Other			
Group A and Group B Systems – Provide from	n Water Facili	ties Inventory (WFI):		
D# 1 H 3 8	2 6	2		
System Name: 7 Ceday	rs C	CNIZD		
	116175	Alabert		
Day Phone: (360) 681 4659	Cell Phone			
Eve. Phone: () 5829349 Send results to: (Print full name, address and zip.co		16813405		
Send results to. (Fill full flattle, address and 210 00	PRROL			
1033 Orb	BLY	IN HWY		
SERUIM	AW	93382		
SAMPLE IN	NFORMATI	ON		
Sample collected by (name):	1 = = = =	.11		
Specific location where sample collected (ad	Idress or sami	ole site, and type of faucet):		
Specific location where sample concolor (ad	かった	of war		
Special instructions or comments:		NTRIBE		
Type of Sample (must check only one box	of #1 through	#4 listed below)		
1. Routine Distribution Sample 2. Repeat Sample (follow-up				
Provide information below. to an unsatisfactory sample) Chlorinated: Yes No Provide information below.				
Chlorinated: Yes No Provide information below. Chlorine Residual: Total Free Unsatisfactory routine lab number:				
2 Paw Water Source Sample				
Required for Surface Water, GWI, and	Unsatisfac	tory routine collect date:		
some Spring Sources	Chlorinate	d: YesNo		
S	sidual: Total Free			
Public Systems must provide Source Number from (WFI) 4. Sample Collected for Information O	niv			
Construction Repairs P	rivate Reside			
LAB USE ONLY DRINKING W	VATER RES	SULTS LAB USE ONLY		
☐ Unsatisfactory		Satisfactory		
Total Coliform Present and	cont			
☐ E.coli present ☐ E.coli absent ☐ E.coli absent ☐ Fecal coliform present ☐ Fecal coliform absent				
☐ Replacement Sample Required				
Sample not tested because: Test unsuitable because:				
☐ Sample too old (>30 hours) ☐ TNTC				
☐ Improper Container ☐ Turbid culture				
Describe Requite Plate Count /ml F coli /100ml.				
Bacterial Density Results: Plate Count	Fecal Colifor	1100		
Method Code:	. 5531 501101	Date and Time Received:		
MICR- 2 7 3 0		5/19/06 200		
Date Analyzed: 5/19/67		Date Reported: 5/20/06		
010 53385		Lab Use Only:		
Sample Number (DOH number plus five digits)		0012106		

DOH Form #331-319 (revised 8/05) DP CENTER COPY



COLIFORM BA	CTERIA AI	NALYSIS			
2110121	e Sample ollected	County			
Month Day Year	25 PM	Clallar			
Type of Water System (check only one box) Group A Public Group B Public	☐ Private Hous ☐ Other_	ehold			
Group A and Group B Systems - Provide fro	m Water Facilitie	es Inventory (WFI):			
ID# 1 H 3 8	26	- /			
System Name: 7 Ceders		N			
11 -	1007.	T .			
Day Phone: (360) 681 4650					
Eve. Phone: ()582 9049	FAX: (16813405			
Send results to: (Print full name, address and zip co					
1033 010	BLYN	HWY			
Seguin	WAG	8382			
SAMPLE IN	NFORMATIO	N			
Sample collected by (name):	0211				
Specific location where sample collected (ad	dress or sample	site, and type of faucet):			
Special instructions or comments: **BILL JAMESTOWN TRIBE					
Type of Sample (must check only one box					
1 Routine Distribution Sample	2. Repeat	Sample (follow-up			
Provide information below.	to an u	nsatisfactory sample)			
Chlorinated: Yes No	Provide inform				
Chlorine Residual: Total Free	Unsatisfactor	y routine lab number:			
3. Raw Water Source Sample Required for Surface Water, GWI, and	Unsatisfactory	y routine collect date:			
some Spring Sources	Chlorinated: \	/esNo			
S		ual: Total Free			
Public Systems must provide Source Number from (WFI)					
4. Sample Collected for Information Or Construction Repairs Pr	ווע ivate Residence	Other			
LAB USE ONLY DRINKING W					
Unsatisfactory		Satisfactory			
Total Coliform Present and		,			
☐ E.coli present ☐ E.coli abs					
☐ Fecal coliform present ☐ Fecal colif ☐ Replacement Sample Required	form absent				
	Toot upquite	shla haqquag			
Sample not tested because: Sample too old (>30 hours)	TNTC	able because:			
☐ Improper Container	☐ Turbid c	culture			
Bacterial Density Results: Plate Count	/ml.	E.coli/100ml.			
Total Coliform/100ml. F	ecal Coliform	/100ml.			
Method Code: MICR- 2 7 3 0	Dat	e and Time Received:			
	S	119/06 200 e Reported 5/76/64			
Date Analyzed: 5/19/64		Use Only:			
010 53384		6727-01			
Sample Number (DOH number plus five digits)	L.	0,01			

DOH Form #331-319 (revised 8/05)



COLIFC	JKINI BAU	IEKI	AAN	ALY515
Date Sample Collected		Sample		County
4/1306	Co	llected	I-AM	
Month Day Year	4:	420		Clark
Type of Water System (check or	nly one box)			
Group A Public		Private	House	hold
Group B Public		Other_		1 (147)
Group A and Group B Systems	– Provide froi	n Water F	-acilities	s Inventory (WFI):
ID#	<u> </u>	0)	10	
System Name: 7	200	0	30	The state of the s
Contact Person:	e CA	I TU	1	
Day Phone: (36) 68	11465	3	hone: ()
Eve. Phone: () 532	9049	FAX: ((16213405
Send results to: (Print full name, addr	ress and zip co			
1.333	DUT	B	VI	1 HALL
SEDI	1 WA	1 5	3	1382
S	AMPLE IN	FORM	ATION	
Sample collected by (name):	-	101	1.	
Specific location where sample	collected (add	ress or s	ample s	site, and type of faucet):
CA-DZ	Rin	15h	1	pute,
Special instructions of comment	s: Codo		- AO	and Heath
Type of Sample (must check or			ıgh #4 li	sted below)
1. Routine Distribution San	nple			ample (follow-up
Provide information below. Chlorinated: Yes No	1			satisfactory sample)
Chlorine Residual: Total F	and the same			routine lab number:
3. Raw Water Source Samp	le			
Required for Surface Water, GW	/I, and		-	routine collect date:
some Spring Sources				s No
S				al: Total Free
Public Systems must provide Source Number from				
4. Sample Collected for Info Construction Repairs			dence_	Other
LAB USE ONLY DRII	NKING WA	TER RI	ESULT	TS LAB USE ONLY
Unsatisfactory			域	Satisfactory
Total Coliform Present and				
☐ E.coli present ☐ ☐ Fecal coliform present ☐	☐ E.coli abse			
Replacement Sample Requ		IIII BUSEII	5	(la
Sample not tested because:	ineu		ncuitab	e because:
Sample too old (>30 hours)		ш	ITC	PR 1 9 2006
☐ Improper Container		1	irbid cul	
		P_		ILS. EPA REGION 10
Bacterial Density Results: Plate (_/ml. E.	OFFICE OF WATER/100ml.
	100ml. Fe	ecal Colifo		/100ml.
lethod Code: Date and Time Received:				
Date Analyzed: A /12	106		Date	Reported: A /IA /At
7/19/	0.00			Ise Only:
ample Number (DOH number plus five digits)				
ample Number (DOH number plus five digits)				



COLIFO	RM BAC	CTERIA	AAN	IALYSIS
Date Sample Collected		Sample		County
4114 06	Co	llected	TAM	
Month Day Year	9:	03	PM	Clallon
Type of Water System (check or	nly one box)			
Group A Public		Private	House	hold
Group B Public	D :: (Other_	- 1111	1 (4 (4 (7 (7 (7 (7 (7 (7 (7 (7 (7 (7 (7 (7 (7
Group A and Group B Systems -		- %		s Inventory (WFI):
ID# 11 3		Sandan -	0	
	lolar	1	100	in w
Contact Person:	9 C	OFF	20	
Day Phone: (36) 681	4659		hone: (
4.7 000	1049			16813425
Send results to: (Print full name, addr	FEF			
1033	OLD		VAI	MAN
SEDI	. , .	iA	0	2832
	AMPLE IN	FORM	ATION	
Sample collected by (name):	and you		11	
Specific location where sample of	collected (add	200 4	4	site, and type of faucet):
CA-03 pm	in Ki			SHVIN SIM
Special instructions or comment	si allos	, C	ani,	No
Type of Sample (must check or		f#1 throu	igh #4 l	isted below)
1. ☐ Routine Distribution Sample 2. ☐ Repeat Sample (follow-up				
Provide information below. to an unsatisfactory sample) Chlorinated: Yes No Provide information below.				
Chlorine Residual: Total Free Unsatisfactory routine lab number:				
3. Raw Water Source Samp	le			
Required for Surface Water, GW	I, and	Unsatisf		routine collect date:
some Spring Sources Chlorinated: Yes No				
S				al: TotalFree
Public Systems must provide Source Number from				
4. Sample Collected for Info Construction Repairs			dence	Other
	NKING WA			
☐ Unsatisfactory				Satisfactory
Total Coliform Present and			1	
☐ E.coli present ☐ Fecal coliform present ☐	E.coli abse	prom		
Replacement Sample Requ		iiii ausen		, , , , , , , , , , , , , , , , , , ,
Sample not tested because:	iiieu	10	neuitab	IDecaysed 7
Sample too old (>30 hours)			ITC	Albumadaed (100)
☐ Improper Container		□Tu	rbid cul	ture
		- P#		U.S. EPA REGION 10 OFFICE OF WATER
Bacterial Density Results: Plate (Total Coliform		ecal Colife	/ml. E. orm	/100ml.
Method Code:		- CG1 - OO1110		and Time Received:
MICR- 2 7 3	0		41	13/06 1/30
Date Analyzed: 4/13/	06			Reported: 4/14/06
010 50371			Lab	Jse Only:
Comple Musher (DOM	4-1	-	10	1179-

DOH Form #331-319 (revised 8/05)



26276 Twelve Trees Lane, Suite C Poulsbo, Washington 98370 (360) 779-5141

(360) 779-5141 WATER BACTERIOLOGICAL ANALYSIS

WALLIE DAG I LING			
	TIONS ON BACK OF GOLDENROD COPY wed, sample will be rejected.		
DATE COLLECTED TIME COLLE			
MONTH , DAY , YEAR	55 00-11		
1/20/06 DAM T	PM Callan		
TYPE OF SYSTEM IF PUBLIC SYSTEM	COMPLETE		
□ INDIVIDUAL I.D. No.	2 2 6 CIROLE GROUP		
(serves only 1 residence)	A B		
NAME OF SYSTEM James town	S'Klollan Inje		
7 0 0			
SPECIFIC LOCATION WHERE SAMPLE COLLECTED			
	DAY (340 68 1 6734		
CA-03	DAT (300 08 0 (3)		
Kitche	EVENING () 582 9049		
SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR.: (Name)		
11 (Run Sother		
V Comoli			
SOURCE TYPE ☐ GROUND WATER ☐ SURFACE ❤️WELL or ☐ SPRING	UNDER SURFACE INFLUENCE ☐ PURCHASED or ☐ COMBINATION		
WELL FIELD	INTERTIE or OTHER		
SEND REPORT TO: (Print Full Name, Addr			
AHN Ron Squ			
270756 Husy	101		
Seaulin	WASHINGTON 98382		
TYPE OF SAMPLE (check only one in th			
CHOUTINE Chic	orinated (Residual: TotalFree)		
DRINKING WATER check treatment Filte	ered		
☐ Unti	reated or Other		
REPEAT SAMPLE			
Previous coliform presence Lab #	/		
Date _			
☐ RAW SOURCE WATER Source	e # S		
☐ NEW CONSTRUCTION or REPAIRS	Fecal Coliform		
OTHER (Specify)			
REMARKS: 7 Ceolard	Capins		
(LAB USE ONLY) DRIN	IKING WATER RESULTS		
UNSATISFACTORY, Coliforms present	SATISFACTORY,		
	Coliforms absent		
REPEAT	E. Coli absent		
	☐ Fecal absent		
OTHER LABOR	ATORY RESULTS		
TOTAL COLIFORM/100 ml	E. COLI /100 ml		
FECAL COLIFORM/100 m/o	E PLATE COUNT / ml		
ANOTHER SAM	IPPE REQUIRED		
SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:		
☐ Samples too old	3 0 200 Confluent growth		
☐ Wrong container ☐ Incomplete form	TNTC		
	Excess debris		
SEE REVERSE SIDE OF GREEN (\$56)	PA REGION TO		
	TIME RECEIVED RECEIVED BY		
010 43696 1/2	0/06 230 AB		
DATE REPORTED / LABORATO	of of the		
1246 LABORATO	3389-01		
	- 1 H 1 1 1 1 1		

REMARKS

Clallam County Env Health Lab 223 East Fourth St, Suite 14 Port Angeles, WA 98362

(360) 417-2334

1		
WATER BACTERIOL	OGICAL ANAL	YSIS
SAMPLE COLLECTION: READ INSTRUCT	IONS ON BACK OF GOL	DENROD COPY
If instructions are not follow		ected.
DATE COLLECTED TIME COLLE	CTED COUNTY NAME	
TYPE OF SYSTEM IF PUBLIC SYSTEM	COMPLETE	3~~
PUBLIC		
INDIVIDUAL I.D. No.	3826 01	Rett GROUP
NAME OF SYSTEM		
7 Cerbans Cosin	5	
SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO.	. 7211
	() YAD	6734
Kitchen	EVENING ()58	
SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR	1.50
V Corrol	R SATI	
SOURCE TYPE GROUND WATER USERS SURFACE SUMBLE OF SPRING WELL FIELD	JNDER SURFACE INFLUE	COMBINATION
SEND REPORT TO: (Print Full Name, Addres	INTERTIE s, and Zip Code)	or OTHER
AHN RON SA		
270756 Hwy	101	8
SEQUIM	WASHINGTON	18381
TYPE OF SAMPLE (check only one in this	column)	1020-
ROUTINE Chlori	nated (Residual: To	otalFree)
check treatment ————		
☐ REPEAT SAMPLE	ated or Other	
Previous coliform presence Lab # _ Date		
☐ RAW SOURCE WATER Source ☐ NEW CONSTRUCTION or REPAIRS ☐ OTHER (Specify)		Total Coliform Fecal Coliform
REMARKS: PIL 7 COOL	ero Cosin	G
(LAB USE ONLY) DRINK		
UNSATISFACTORY, Coliforms present	Colifo	SFACTORY, orms absent
SAMPLES	E. Coli absent	
REQUIRED Fecal present OTHER LABORAT	Fecal absent	1
		\\ . \ \
TOTAL COLIFORM/100 ml FECAL COLIFORM/400 ml	FV- 4-7-F	mi
ANOTHER SAMPL	E REQUIRED	7
SAMPLE NOT TESTED BECAUSE:	P TEST UNSUITABLE	
☐ Samples too old ☐ Wrong container	☐ Confluent grov	wth
☐ Incomplete form	ILS EPA RI Turbie culture	
	OFFICE OF Excess debris	
SEE REVERSE SIDE OF GREEN COPY LAB NO. (7 DIGITS) DATE: TI		The second secon
316 G 3910 9/21/		RECEIVED BY
DATE DEPORTED	511:35	KU
DATE REPORTED LABORATORY	:	

DP CENTER COPY



26276 Twelve Trees Lane, Suite C Poulsbo, Washington 98370 (360) 779-5141

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY If instructions are not followed, sample will be rejected.
DATE COLLECTED TIME COLLECTED COUNTY NAME MONTH DAY SEAR DAM : DPM COLLECTED COUNTY NAME DAM : DPM COLLECTED COUNTY NAME
TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE PUBLIC INDIVIDUAL (serves only 1 residence) I.D. No. I H 3 8 2 6 CIRCLE GROUP A B
Seven Cedars Casin
SPECIFIC LOCATION WHERE SAMPLE COLLECTED TELEPHONE NO. DAY (36 - 68 673 4
KITCH EVENING() 5829049
SAMPLE COLLECTED BY: (Name) SYSTEM OWNER/MGR.: (Name) R Sather
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE SURFACE WELL or SPRING PURCHASED or COMBINATION WELL FIELD INTERTIE or OTHER SEND REPORT TO: (Print Full Name, Address and Zip Code)
SEVEN CEDARS CASINO 270756 HWY 121 ITN: RONSQthur Segni WASHINGTON 9838L
TYPE OF SAMPLE (check only one in this column) DOUTINE
□ RAW SOURCE WATER Source # S □ Total Coliform □ NEW CONSTRUCTION or REPAIRS □ Fecal Coliform □ OTHER (Specify) □
EBILL TCEDARS GASINU
(LAB USE ONLY) DRINKING WATER RESULTS
UNSATISFACTORY, Coliforms present REPEAT
TOTAL COLIFORM /100 ml E. COLI /100 ml FECAL COLIFORM /100 ml PLATE COUNT / ml
SAMPLE NOT TESTED BECAUSE: TEST UNSUITABLE BECAUSE: Samples too old Wrong container Incomplete form Turbid culture US FPA REGION Excess debris
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS
010 29990 6/10/05 130 AB
DATE REPORTED LABORATORY: 58282-01



26276 Twelve Trees Lane, Suite C Poulsbo, Washington 98370 (360) 779-5141

WATER BACTERIOLOGICAL ANALYSIS

If instruc	tions are	not follow	ved, sar	nple will b	The same of the sa
DATE COLLECT	YEAR V		3]PM	COUNTY N	O a
TYPE OF SYSTEM UBLIC INDIVIDUAL (serves only 1 residence)	IF PUBLIC	SYSTEM,	3 8	26	CIRCLE GROUP A B
NAME OF SYSTEM			()	dresno	un Inibu)
seven Co			in		
SPECIFIC LOCATION WH	ERE SAMPLE	COLLECTED		ON BUOH	16734
0	sitch	_			582 9049
SAMPLE COLLECTE	D BY: (Name	e)	5000,00000	EM OWNER/	MGR.: (Name)
SOURCE TYPE	GROUN	SPRING	UNDER S	SURFACE IN RCHASED of RTIE	FLUENCE
Seven	Coda		221	<i>\omega</i>	
27075	56 1	huy	101		
	3HTA		200 V	WASHINGTO	J858P 11
TYPE OF SAMPLE PROUTINE DRINKING WA check treatme	ATER	☐ Chlor	rinated (F ed	Residual:	TotalFree)
Untreated or Other REPEAT SAMPLE Previous coliform presence Lab # Date / /					
☐ RAW SOURCE ☐ NEW CONSTE	RUCTION or		# S		☐ Total Coliform☐ Fecal Coliform☐
EMARKS 111	71	Con	ACO	CAN	
, Di-					
UNSATISFACTOR			ING WAT	ER RESULT	
REPEAT SAMPLES		sent [E. Coli a	bsent	SATISFACTORY, Coliforms absent
	OTHER	LABORA'	TORY RE	SULTS	
TOTAL COLIFORM FECAL COLIFORM	F M	00 ml	1// 14-	E COUNT_	/100 ml / ml
SAMPLE NOT TEST Samples too bl Wrong contained Incomplete form	ED BECAUS	HER SAMP SE: 3 20	Т		ABLE BECAUSE: t growth
	U.S. FP	A REGION	10	☐ Turbid cu ☐ Excess d	ebris
SEE REVERSE S	U.S. FP	EEN WATE	RFOR EX	☐ Excess d	ebris NOF RESULTS
SEE REVERSE S AB NO. (7 DIGITS) 010 239	U.S. FP	EEN WATE	INE REC	☐ Excess d	ebris
LAB NO. (7 DIGITS)	U.S. FP SIDE OF GA	EEN WATE	ME REC	☐ Excess d	ebris NOF RESULTS

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INS	STRUCTIONS THURUUGHLY
DATE COLLECTED TIME COLLECT	ED COUNTY NAME
MONTH DAY YEAR 10:00	CONLOC
7/14/04 DAM [PA	1 Coloa
TYPE OF SYSTEM IF PUBLIC SYSTEM,	COMPLETE:
PUBLIC	CIRCLE GROUP
(serves only 1 residence)	3 8 2 6 B
NAME OF SYSTEM	(Janestern Triba)
Benen Centars Cas	
SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO.
SPECIFIC LOCATION WHERE SAINFLE GOLLLOTED	DAY() 6816734
	A SAN I WAS THE THE THE PARTY AS A SAN IN TH
LLA SS OF STAN HISTORY	EVENING() 582 9049
SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR: (Name)
V Carroll	The state of the s
SOURCE TYPE GROUND WATER UNDI	
SURFACE SWELL or SPRING WELL FIELD	INTERTIE or OTHER
SEVEN CEDARS	and Zip CASINO OMERIA
270156 Huy	The collocur prosence is 165
o Ronsathan Se	26 WASHINGTON 98382
TYPE OF SAMPLE	rested square contentation a
(check only one in this column)	
The source	Chlorinated (Residual:TotalFree)
DRINKING WATER	Filtered Untreated or Other
check treatment	J 15 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
☐ REPEAT SAMPLE	#ico.5 to salutation see are -
Previous coliform presence Date	te <u> Mana Balahaya (Ola B</u> anakaga lila)
☐ RAW SOURCE WATER Sou	urce # S
□ NEW CONSTRUCTION or REPAIRS	☐ Fecal Coliform
☐ OTHER (Specify)	29l0m; e 19869 - 1754k;
REMARKS: 7 CEDARS	CASIND
KBILL I CEPARE	C TO THOUSE
(LAB USE ONLY) DRINKI	NG WATER RESULTS
☐ UNSATISFACTORY, coliforms present	DEATISFACTORY
REPEAT □ E. Coli present □ I	E. Coli absent Coliforms absent
SAMPLES REQUIRED Fecal present	ecal absent
de su pluma de la composición della composición	ar pustado se de telecente
	A Line Committee of the
TOTAL COLI CITIVI TOTAL CONTROL CONTRO	E. COLI/100 ml
FECAL COLIFORM/100 ml	PLATE COUNT /ml
ANOTHER SAMP	LE REQUIRED
SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:
☐ Sample too old	Confluent growth
☐ Wrong container	TNTC
☐ Incomplete form	Turbid culture
(Lifter 6.7)	Excess debris OF WATER
SEE REVERSE SIDE OF GREEN COP	Y FOR EXPLANATION OF RESULTS
113 112 112	IME RECEIVED
092-01Zes 1/14	64 12:00 KW
	A CONTRACTOR OF THE CONTRACTOR

WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy

DATE REPORTED

LABORATORY:



26280 Twelve Trees Lane, Suite C Poulsbo, Washington 98370 (360) 779-5141

WATER BACTERIOLO SAMPLE COLLECTION: READ INSTRUCTION If instructions are not follower	ONS ON BACK OF GOLDENHOD COPY
DATE COLLECTED TIME C	COUNTY NAME COUNTY NAME
TYPE OF SYSTEM IF PUBLIC SYSTEM, C UNDIVIDUAL (serves only 1 residence)	3 8 2 6 CIRCLE GROUP
IAME OF SYSTEM	(Janesbur Trib)
SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO. DAY() 681-6734
SAMPLE COLLECTED BY: (Name)	EVENING () SYSTEM OWNER/MGR.: (Name)
V Carroll	R sather
SOURCE TYPE GROUND WATER L SURFACE WELL or SPRING WELL FIELD SEND REPORT TO: (Print Full Name, Address	JINDER SURFACE INFLUENCE ☐ PURCHASED or ☐ COMBINATION INTERTIE or OTHER
	SCASINO
270756 HWY	
GORON SATHER	SEQUASHINGTON 98382
DRINKING WATER check treatment Untre	rinated (Residual: Total Free) red reated or Other / / B # S
REMARKS BILL 7 CE	DARS CASINO
	KING WATER RESULTS
UNSATISFACTORY, Coliforms present REPEAT	SATISFACTORY, Coliforms absent
TOTAL COLIFORM/100 ml FECAL COLIFORM/100 ml	E. COLI /100 ml PLATE COUNT / ml MPLE REQUIRED
SAMPLE NOT TESTED BECAUSE: Samples too old Wrong container Incomplete form	TEST UNSUITABLE BECAUSE: Confluent growth TINTC Turbid culture Excess debris
040 092 000 DATE	PY FOR EXPLANATION OF RESULTS TIME RECEIVED BY
DATE REPORTED LABORATO	2004-4

DEPARTMENT OF HEALTH WATER BACTERIOLOGICAL ANALYSIS IPLE COLLECTION: READ INSTRUCTIONS ON RACK OF COLUMN If Instruction

SAMPLE COLLECTION: READ INSTRUCTIONS ON DAVID OF SHORT OF
DATE COLLECTED TIME COLLECTED COUNTY NAME MONTH DAY YEAR 1 2 CO
7/8/03 DAM DPM Colom
TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE: PUBLIC INDIVIDUAL (serves only 1 residence) I.D. No. I H 3 8 2 C CIRCLE GROUP A B
NAME OF SYSTEM
SQUE COLOR OF COLLECTED TELEPHONE NO.
SPECIFIC LOCATION WHERE SAMPLE COLLECTED TELEPHONE NO. DAY () 63 63 1
SAMPLE COLLECTED BY: (Name) EVENING () SO 29 049 SYSTEM OWNER/MGR.: (Name)
11 Carron 1 1 Cotton
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE SPRING PURCHASED OF COMBINATION OF OTHER
SURFACE WELL FIELD INTERTIE OF OTHER
SEND BEPORT TO: (Print Full Name, Address and Zip Code)
270756 Huy101
o Ron Sether Slaper WASHINGTON 98582
TYPE OF SAMPLE (check only one in this column) ROUTINE DRINKING WATER check treatment Untreated or Other REPEAT SAMPLE Previous coliform presence Lab #
Date Total Coliform RAW SOURCE WATER Source # S Total Coliform NEW CONSTRUCTION or REPAIRS Fecal Coliform OTHER (Specify)
REMARKS 1) 1 TO DAM CASIN
(LAB USE ONLY) DRINKING WATER RESULTS
UNSATISFACTORY, Coliforms present REPEAT E. Coli present E. Coli absent SAMPLES Fecal present Fecal absent REQUIRED Fecal present Fecal absent
OTHER LABORATORY RESULTS
TOTAL COLIFORM /100 ml
SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form ANOTHER SAMPLE REQURED TEST UNSUITABLE BECAUSE: Confluent growth TNTC Turbid culture Excess debris
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS RECEIVED BY
DATE, TIME RECEIVED O10 92311 7/18/03 145 A6
DATE REPORTED LABORATORY:

43206-01 REMARKS
DOH 305-002 (REV. 4/92)

04/44/03 THU 10:02 FAX 360 681 6711
NATER BACTERIOLOGICAL ANAL. JIS
SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY If Instructions are not followed, sample will be rejected.
TIME COLLECTED COUNTY NAME
MONTH DAY YEAR
4/2/03 - M PM OUL
TYPE OF SYSTEM OF PUBLIC SYSTEM, COMPLETE:
PUBLIC CIRCLE GROUP
(serves only 1 residence) [I.D. No.]
NAME OF SYSTEM
Edwar Cadar Cadino Tribis
SPECIFIC LOCATION WHERE SAMPLE COLLECTED TELEPHONE NO.
DAY() 6 X 1-6 154
EVENING () SZZ GOV G
SAMPLE COLLECTED BY: (Name)
V COINII K SOTHER
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
SURFACE WELL OF SPRING PURCHASED OF COMBINATION INTENTIE OF OTHER
SEND REPORT TO: (Print Full Name, Address and Zip Code)
- Alaman Andrews
270756 Hay 121
CIORON SATTLER SAMENT 92722
TYPE OF SAMPLE (chack only one in this column)
ROUTINE Chlorinated (Residual: Total Free)
check treatment — Fillered
Univalid or Other
REPEAT SAMPLE Previous coliform presence Lab #
Date
RAW SOURCE WATER Source S Total Collectin
NEW CONSTRUCTION or BEPAIRS Fecal Coliform
OTHER (Specify)
REMARKS:
(LAB USE ONLY) DRINKING WATER RESULTS
UNSATISFACTORY, Colliorms present SATISFACTORY, Colliorma absent
REPEAT E. Coli present E. Coli absent
REQUIRED Fecal present Fecal absent
OTHER LABORATORY RESULTS
TOTAL COLIFORM /100 ml
FECAL COLIFORM/100 m) PLATÉ COUNT /m)
ANOTHER SAMPLE REQURED
SAMPLE NOT TESTED BECAUSE: TEST UNSUITABLE BECAUSE:
Sample too old Confluent growth
Wrong container TNTC
ncomplets form . Turbid culture
Excess debris
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS
NO. (7 DIGITS) DATE, TIME RECEIVED RECEIVED BY
11-1-2 11-3
296-00552412/33 1130 KW
DATE REPORTED LABORATORY;
4/32/13 924 p
REMARKS /
WATER SUPPLIER COPY
en e

I

AR



BACTERIOLOGICAL ANALYSIS

WATER BAC	TERIOLOGICAL ARACK OF GOLDENROD COPY
SAMPLE COLLECTION: RE	AD INSTRUCTIONS ON BACK OF GOLDENROD COPY are not followed, sample will be rejected.
if instructions a	
DATE COLLECTED	TIME COLLECTED COUNTY NAME
MONTH / DAY / YEAR	9:50 CONOLAM
2/25/02	AM PM
TYPE OF SYSTEM IF PUE	BLIC SYSTEM, COMPLETE: CIRCLE GROUP
PUBLIC	111222016 (A B
INDIVIDUAL I.D. N	10. 1 1 30 20 00
(serves only 1 residence)	Α.
IAME OF SYSTEM	SKlallan Trike
Jamesti	
SPECIFIC LOCATION WHERE SAI	101-1801
7 CodaroCa	DAY() 601 603
K	tehr EVENING ()
SAMPLE COLLECTED BY: (I	· OMBIED/MCD · /Name)
SAMPLE DOLLLOTED BITT	Oll R Sather
V CCY	UND WATER UNDER SURFACE INFLUENCE
0001102	COMBINATION
SURFACE WELL O	IELD INTERTIE GOTTE
SEND REPORT TO: (Print F	full Name, Address and Zip Code)
Seven	- 11
27075	>6 GWY (01
IN RON SA	THER SWASHINGTON 9830C
TYPE OF SAMPLE (check	conly one in this column)
POLITINE	Chlorinated (Residual: lotal rotal
DRINKING WATER check treatment –	Filtered
Official and an arrangement of the control of the c	Untreated or Other
REPEAT SAMPLE Previous coliform	presence Lab#
Previous coilloring	Date/
RAW SOURCE W	VATER Source # S Total Coliform
NEW CONSTRU	CTION or REPAIRS
OTHER (Specify)	
REMARKS:	
	AB USE ONLY) DRINKING WATER RESULTS
	Y, Coliforms present SATISFACTORY,
UNSATISFACTOR	
REPEAT SAMPLES	E. Compression
REQUIRED	recar process
	OTHER LABORATORY RESULTS
TOTAL COLIFORM _	/100 ml
FECAL COLIFORM	/100 ml PLATE COUNT ////
120/120	ANOTHER SAMPLE REQURED
	TEST UNSUITABLE BECAUSE:
SAMPLE NOT TESTE	D BECAUSE.
Sample too old	Confluent growth
Sample too old	Confluent growth TNTC Turbid culture
Sample too old Wrong contain Incomplete for	Confluent growth TNTC Turbid culture Excess debris
Sample too old Wrong contain Incomplete for	Confluent growth TNTC Turbid culture Excess debris
Sample too old Wrong contain Incomplete for	Confluent growth TNTC Turbid culture Excess debris ESIDE OF GREEN COPY FOR EXPLANATION OF RESULTS
Sample too old Wrong contain Incomplete for	Confluent growth TNTC Turbid culture Excess debris ESIDE OF GREEN COPY FOR EXPLANATION OF RESULTS DATE, TIME RECEIVED RECEIVED BY
Sample too old Wrong contain Incomplete for	Confluent growth TNTC Turbid culture Excess debris ESIDE OF GREEN COPY FOR EXPLANATION OF RESULTS DATE, TIME RECEIVED RECEIVED BY
Sample too old Wrong contain Incomplete for	Confluent growth TNTC Turbid culture Excess debris ESIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

7/26/02 777/N REM(RKS DOH 305-002 (REV. 4/92)



WATER BACTERIOLOGICAL ANALYSIS SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY SAMPLE COLLECTION CO
SAMPLE COLLECTION: READ INSTRUCTIONS of the selected. If instructions are not followed, sample will be rejected.
DATE COLLECTED COUNTY NAME
MONTH , DAY , YEAR 10:25 COADOAM
1 / S/S3 PAM PM COMPLETE:
TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE: CIRCLE GROUP
PUBLIC ILD. No. 1 4 3 82 G A B
(serves only 1 residence)
IAME OF SYSTEM JONES TO WIT
SROULENT TELEPHONE NO.
SPECIFIC LOCATION WHERE SAIN LE GOLD DAY () (8)
1-1 60
EVENING () SYSTEM OWNER/MGR.: (Name)
SAMPLE COLLECTED BY: (Name) SYSTEM OWNER/MICH. (Name)
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
SOURCE TYPE GHOUND WALL TO SURFACE WELL OF SPRING PURCHASED OF COMBINATION OF OTHER
CEND REPORT TO: (Print Full Name, Address and Zip Code)
Seven Cadars Casins
9270756 (10)
Sequim WASHINGTON TOS
TYPE OF SAMPLE (check only one in this column)
BOUTINE Chlorinated (Hesidual:
check treatment Untreated or Other
REPEAT SAMPLE
Previous coliform presence Lab#
T to Colliform
RAW SOURCE WATER Source # S Total Coliform
NEW CONSTRUCTION or REPAIRS
OTHER (Specify)
REMARKS:
(LAB USE ONLY) DRINKING WATER RESULTS
UNSATISFACTORY, Coliforms present Coliforms absent
REPEAT E. Coli present E. Coli absent SAMPLES Feed present Feed absent
REQUIRED Page Processing
OTHER LABORATORY RESULTS
TOTAL COLIFORM /100 ml
FECAL COLIFORM/100 ml PLATE COUNT
DEFENIORITARIE BECAUSE:
SAMPLE NOT TESTED BECAUSE: Confluent growth
Wrong container JAN 2 4 2003
Incomplete form Excess debris
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS DATE, TIME RECEIVED BY
LAB NO. (/ DIGITS)
092-00094 1/5/03 11.40 900

LABORATORY: DATE REPORTED

REMARKS
DOH 305-002 (REV. 4/92)
DP CENTER COPY

TATE OF WASHINGTON

DEDAE	RTMENT OF HEAL	гн ()	
DACTE	PIOLOGICA	L ANALYSIS	5
THE PERSON NEAD IN	ICTRICTIONS ON BA	CK OF GOLDLINIOS	COPY
SAMPLE COLLECTION: READ IN If Instructions are no	ot followed, sample	will be rejected.	3.4
		JNTY NAME	
DATE COLLECTED	E COLLECTED COL	0 - 00 -	
MONTH DAY YEAR	AM TPM	Jalla	~
0/10/04	SYSTEM, COMPLETE:		
HEO OTOTAL	SYSTEM, COM LETT	CIRCLE	GROUP
PUBLIC I.D. No.	11138	26 A	В
INDIVIDUAL I.D. No.	1 11 0		
WE OF OVETEM		2 10	
Janes Dun	3'Klall	on Joh	
PECIFIC LOCATION WHERE SAMPLE	COLLECTED TELEPHO	ONE NO.	211
1 Color C	DAY (168161	34
1 Wester			
	EVENING	G () I OWNER/MGR.: (Nam	e)
SAMPLE COLLECTED BY: (Name	SYSTEM	SA - 1	51
1 Camp	1	SHITT	CIC
SOURCE TYPE GROUND	WATER UNDER SURF	ACE INFLUENCE	MBINATION
SURFACE WELL or	SPRING PU	TERTIE CO	OTHER
SEND REPORT TO: (Print Full N	ame, Address and Zip C	ode)	
Swen Cool	NO CAN	21/0	
971156	Day 1	01	
Flor Sal	has	WASHINGTON 98	385
10 1000 DO	i this column)		
TYPE OF SAMPLE (check only	One in this column;	(Residual:Total_	Free)
POUTINE DRINKING WATER	Filtered	(Nosidudii	
check treatment		or Other	
REPEAT SAMPLE			
Previous coliform prese	Date/	1	1
	Date	•	
	- "[0	ПТ	otal Coliform
RAW SOURCE WATE	R Source # S	I I F	ecal Coliform
NEW CONSTRUCTIO	N OF REPAIRS		
OTHER (Specify)			
REMARKS:			
0.07.11	SE ONLY) DRINKING \	WATER RESULTS	
		1 4 EN	TISFACTORY,
UNSATISFACTORY, Co			iforms absent
	Oil procont	oli absent I absent	
I REQUINED L	ai process		
	OTHER LABORATORY		
TOTAL COLIFORM	/100 ml E	. COLI /100ml	
FECAL COLIFORM	/100 ml	PLATE COUNT	/ml
1 EOAE OOL!! C	ANOTHER SAMPLE	REQURED	
	CAUSE	TEST UNSUITABLE	E BECAUSE:
SAMPLE NOT TESTED BE	CAUSE.	Confluent gr	
Sample too old Wrong container		TNTC	
Incomplete form		Turbid cultu	
		Excess deb	
and any report on	E OF GREEN COPY F	OR EXPLANATION OF	RESULTS
LAB NO. (7 DIGITS)	DATE, TIME I	RECEIVED	RECEIVED BY
		True to control	

092-2081 10/10/02 11:00 1 LABORATORY: DATE REPORTED UCI 1 7 2002

U.S. EPA REGION 10

REMARKS DOH 305-002 (REV. 4/92) DR CENTER COPY